

FILED APR 3 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8307

State File No. ....

396

BIRTH NO. .... REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 280

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Willard Mo. #2-3rd Center</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>3rd Center Twp. 0390 Twp.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Martha</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Stones</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3 24 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 5-1867</u>
9. AGE (In years last birthday) <u>82</u>	10. MONTHS <u>10</u>	11. DAYS <u>2</u>	12. IF UNDER 1 YEAR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u>	
11. BIRTHPLACE (State or foreign country) <u>Oregon Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Manning</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Crews</u>	
14. NAME OF HUSBAND OR WIFE <u>Harry Stones</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Bertha Hays Walnut Grove Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) <u>Ruptured bowel &amp; peritonitis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hodgkins Disease</u> DUE TO (c) <u>---</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>---</u>		19b. MAJOR FINDINGS OF OPERATION <u>---</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH <u>2-6 wks</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>---</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>---</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>---</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>---</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>---</u>	
22. I hereby certify that I attended the deceased from <u>3/23, 1950</u> , to <u>3/24, 1950</u> , that I last saw the deceased alive on <u>3/24, 1950</u> and that death occurred at <u>8:30 P. M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. Roland Langston M.D.</u>		23b. ADDRESS <u>Springfield</u>	
23c. DATE SIGNED <u>3/28/50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>March 26 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. Pleasant</u>	
24d. LOCATION (City, town, or county) (State) <u>Greene MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Brins Funeral Service Ash Grove Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-29-50</u>		REGISTRAR'S SIGNATURE <u>N.E. Handley M.D.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Student Embalmer No. ....

working under my personal supervision.

Signed

*James R. Phillips*

Signed.....

Student Embalmer

Licensed Embalmer No. *4641*

P. O. Address *Walnut Grove,*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.